STATE OF CALI	IFORNIA EXPENSE	CLORIG	INA	See In	struction e	s and *Pri	-	ement on R -	ever.	se Side		K Trip?	O YES	·····
STD. 262 (REV. 10/92)			210					Staff					of	Pages
claimant's name Karen Baker		Fiscal Ye	SSN OR I	SSN OR EMPI OYFF NUMBER*					RTMENT R					
POF EXECUTIVE Director RESIDENCE ADDRESS*		2008-2009			CB/ID NO.: EXEMPT		California Volunteers						PCA # 21401	
		1 La/VasiVII I				HEADOLIARTERS ADDRESS 1110 K Street Suite 210							1ELEPHON 916-32	NE NUMBER 3-7646
OITY ———		ST	ATE		ZIP CODE	CITY						STATE		ZIP CODE
Sacramen	to	C.A	<u> </u>			Sac	ramento	<u>γ</u>				CA	958	
(1) MONTH/YEAR Aug 2009	1 ' '	ATION	(4)	(5)	MEALS	1	(6)	(7) (A)	TRA (B)	NSPORTA (C)	((D)	(8)	(9)
2) DATE TIME	WHERE E WERE IN	WHERE EXPENSES WERE INCURRED		BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
												\$0.00		\$0.00
8/3	Sac/San Fra	ancisco/Sac								\$24.00	189	\$103.95		\$127.95
												\$0.00		\$0.0
			<u> </u>									\$0.00		\$0.0
												\$0.00		\$0.00
				_								\$0.00		\$0.00
						[] [5]			7			\$0.00		\$0.0
							<u> </u>	u v	5 7			\$0.00		\$0.00
							AUG 2	7 2009		The second of th		\$0.00		\$0.0
						OFFICE	Fr Service					\$0.00		\$0.0
					ļ	A	<u>Hi şifiş</u>	VESTRUCE	3			\$0.00		\$0.0
					-							\$0.00		\$0.00
												\$0.00		\$
	TOTALS									\$24.00	\$189	103.95		\$127.9
CC	humnicode (a	CCTG: USE ON	Y)							CLAIM	TOTAL	- \$	Φ	127.95
										CLAIM				127.90
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts/vouchers when required) Attended United We Serve: Faith-Based and Neighborhood Partnerships in Emergency and ———										(13) PRIVATE VEHICLE LICENSE NUMBER				
		Response, an											4ybd:	289
												·		.55
												L£S	DUNTING E DNLY NG FUND CHE	
											1		\$0	.55
white talls assessed such	nicle were used, and it m	rue statement of the tra nileage rates exceed th ents as prescribed by S	e minimitm rat	le i centity in	at the cost of	operating the	renicie was e	cuuai to oi uieat	ei illan	the rate				
15) CVAIMANT'S S				DATE / 1	6/10	(16) 810	·	OFFICER AP			L AND P	AYMENT	DATE 20	3.04
17) SPECIAL EXPI	ENSE AUTHORIZATIO	ON - SIGNATURE and I	TITLE (See Ite	0 0 em 17/on rev	versø)	11/9		-1-1-0	OVI				DATE	